

Plaintiff
Maurice Anthony
-against-

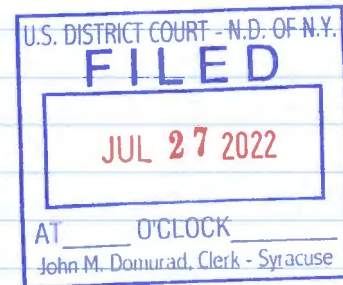
ORC Green, et al. - - - - - x

Amended Complaint
Under the Civil Rights Act 42 U.S.C § 1983
The Americans with Disabilities Act, 42 U.S.C.A
§ 12132
The Rehabilitation act, 29 U.S.C.A § 794

Jury Trial Requested

I. Parties in this complaint

A. Plaintiff Maurice Anthony, pro se
Mid-state Corr Fac Marcy, NY box 2500
13403 - 0216



B. Defendants

No. 1	ORC Green	;	in official & individual capacity
No. 2	ORC Picerna	;	in official & individual capacity
No. 3	ORC Williamsen	;	in official & individual capacity
No. 4	ORC Butler	;	in official & individual capacity
No. 5	ORC Funk	;	in official & individual capacity
No. 6	ORC Bena	;	in official & individual capacity
No. 7	ORC Maltalzo	;	in official & individual capacity
No. 8	Dept Bucas	;	in official & individual capacity
No. 9	Dept Kozak	;	in official & individual capacity
No. 10	Dept Passage	;	in official & individual capacity
No. 11	Dept Venetozzi	;	in official & individual capacity
No. 12	Lt Klein	;	in official & individual capacity
No. 13	Sgt Mayo	;	in official & individual capacity

Defendants No. 1-13 addresses are the same mid-state Corr. Fac. P.O. box
216, River Road Marcy New York 13403-0216

except defendant's bueler, Green, & piensans who should be
served at the following address:

New York State
Department of Corrections and community Supervision
The Harriman State Campus-Building #2
1220 Washington Avenue
Albany, N.Y. 12226-2050

II. Injuries: Severe Migraines, Sleep loss, weight loss, Anxiety, depression,
hopelessness, insomnia, Due process, Discrimination, Extreme emotional distress.

Plaintiff Maurice Anthony Din # 14A2070 brings this action pro se, as and for his complaint upon knowledge as to himself, and his actions upon information, and belief as to all other matters alleged herein.

- Nature of Action -

1. This is a civil rights action in which plaintiff Maurice Anthony alleges that several New York state Department of Correction Community Supervision, Officers & other various employees of the department violated his civil rights under 42. U.S.C § 1983 - The eighth & fourteenth amendments to the United States Constitution; The Rehabilitation act of 1973 / 29 U.S.C.A § 794 & the Americans with disabilities Act of 1990 42 U.S.C.A § 12132.

III

- Statement of Facts -

(ADA & R.A Claims)

2. On 10/7/21 plaintiff arrived at mid-state Corr. Fac & was placed in C1 gallery housing unit to participate in the step down program. The step down programs purpose is to provide segregated/shu inmates an opportunity to rehabilitate and be released to population sooner than the expiration of the (shu/special housing unit) sanctions, & is governed by 7 NYCRR 316.3. After plaintiff settled in his cell he requested assistance from several employees about getting his needed accommodations. Plaintiff did not receive his accommodations.

3. Plaintiff made several complaints & even notified the entire program Management team, hereinafter "pmt Defendants" On several occasions. PMT defendants include, ORC Green, ORC piersma, ORC williamson, ORC Bueler, ORC Funk, Lt Klein, Dept Kosak, Dept Burns, Sgt Mayo, ORC Rena, & ORC Maltalzo. These Defendants were reminded of the fact that plaintiff needed his accommodation regularly, & plaintiff encountered these defendants the most during pmt meetings, program hours, & week day rounds. Plaintiff suffers from severe Visual impairment / Legal blindness.

4. Plaintiff notified all defendants of his exact reason for the need of each accommodating item. Even after informing each defendant on several occasions, during meetings, rounds, etc., they ignored plaintiff's pleas for assistance, which prevented plaintiff from participating in program all together which plaintiff needs to rehabilitate back into general population. The accommodations are needed to read write, etc. If you can't read or write you can't participate and do program workbooks. If you don't have a talking watch to prep you for court you most likely won't be prepared for program or be prepped for program early in the morning. These are just the challenges of an inmate with a sensory disability.

5. Defendant Dept passage who does rounds often on C1 gallery & is also acting Superintendent of mid-state & was made aware by plaintiff the need for accommodations and fabricated his response to prevent plaintiff from successfully getting his accommodations through grievance by stating that plaintiff refused to sign for his accommodations which was false. (See document # 1-2 / an attached exhibit) Dept passage also prevented plaintiff from getting his talking watch to prep himself for court in violation of directive 2612, which shows his partaking in violating plaintiff's rights and preventing plaintiff from programming successfully. None of the needed accommodations posed a security risk, because plaintiff had been approved of the accommodations previously. All of the aforementioned defendants discriminated against plaintiff, and during prison the defendants would make jokes about plaintiff being blind, & they would all laugh about it. Defendants Kosak & Williamson also informed plaintiff they personally didn't want any blind people in their program. All these defendants showed plaintiff that they conspired against plaintiff because he was disabled, and that reason alone as there were no other reasons to prejudice plaintiff.

6. None of plaintiff's accommodations were no more dangerous than the average electronics provided to all incarcerated individuals at step down program, such as headphones, loan library tablets, and etc. There was never an occasion in New York State Prison where a blind man assaulted an individual or escaped or attempted either of the two with an accommodating item.

7. Plaintiff was also denied his sun glasses that protect him from the bright lights which hurt his eyes, along with his talking watch which also made programming too difficult to progress, & or participate. Plaintiff was not provided with any of the accommodations on page 18 of 39 from plaintiff's original complaint (see document 1-2 (Attached here to as an exhibit)), because all of these accommodations given to plaintiff were not working besides the ball pen & when they ran out plaintiff was denied new ones. Plaintiff has been denied reasonable accommodations from the beginning of his stay at mid-state step down unit until today's date continuously.

Due process Claims

8. Defendants ORC Green, ORC Piersma, ORC Williamson, ORC Bucler, ORC Funk, ORC Rena, ORC Maltalzo, Dept Burns, Dept Kozak, Dept passage, Lt Klein, Sgt Mayo, & Dept Venettozzi all violated plaintiff's due process by denying plaintiff his accommodations that he was already approved of in his previous facility. All of the defendants mentioned herein has the power to give plaintiff his accommodations, & by denying to do so was a decision to take away plaintiff's accommodations without due process & no good faith reason for doing so. According to directive 2612 the ORC's at plaintiff's previous facility also informed the ORC's at mid-state of plaintiff's need for his accommodations. Plaintiff's record is on file that he was approved for his accommodations previously in Sullivan Correctional Facility in 2020. (See document 1-attached exhibit from original complaint).
9. Plaintiff's rights were violated by all pmt defendants every time they had pmt meetings because instead of following the step down rules under 7 NYCRR 316.3 and using negative reports to withdraw incentives offered for (SDP) step down program, PMT defendants sanctioned plaintiff, by using these meetings to conduct disciplinary hearings by turning negatives into misbehavior reports hereinafter (MBR's) and plaintiff's disciplinary due process rights were violated because plaintiff was not afforded an opportunity to call witnesses or be present during his hearing, & plaintiff was not made aware of the fact that these hearings would take place 100% percent of the time. All of plaintiff's rights in *Wolff v. McDonell* were violated. Plaintiff was sanctioned by pmt defendants, and most of the time his commissary buy was limited to prevent plaintiff from buying food, prevented him from progress in SDP forcing him to stay confined even longer even though he could not progress through meaningful participation in the program due to lack of accommodations.

10. Plaintiff's due process rights were violated by PMT defendant Klein when defendant Klein authorized officers to take plaintiff's property on 11/18/21 alleging that plaintiff covered his window. Shortly after a misbehavior report was served upon plaintiff in relation to the alleged incident. Then on 12/6/21 Lt Klein violated plaintiff's rights by finding plaintiff guilty & not allowing plaintiff to present a defense, or evidence because plaintiff did not have his accommodations. Klein sanctioned plaintiff again for his property which lasted up until the guilty disposition was reversed & vacated due to the fact that plaintiff did not have his accommodations.
11. Plaintiff was also denied access to the courts in violation of his due process rights when they denied plaintiff his reasonable accommodations, and denied to intervene by approving his reasonable accommodations when all defendants had the authority to do so. By reason of all defendants' actions plaintiff's article 78 was denied & dismissed because his deadline date was Feb 14th 2022 & plaintiff's 20/20 pers died that he had from 12/6/21. He was also denied new ones by PMT defendants Funk & Kozak when he asked them personally during rounds on the C1 gallery here at step down.
12. All PMT defendants violated plaintiff's due process rights by denying plaintiff access to the courts. Plaintiff had a civil trial in the court of claims scheduled for Nov 29th, Plaintiff could not participate in trial on the aforementioned date because plaintiff did not have his accommodations because all PMT defendants denied in assisting plaintiff when they all had the power to assist plaintiff even after being notified of plaintiff's need for his accommodations. Plaintiff had inmate Dushane Fraser write the judge on his behalf to inform the judge he could not participate in his civil trial, Judge Hudson then wrote Donald Venetozzi & Superintendent Passage at mid-state comm fac ordering them to give plaintiff his accommodations. The Claim number is No. 129354.

IV. Relief requested by plaintiff

Plaintiff respectfully request a judgement against defendants jointly and severally, as follows:

In favor of plaintiff for 1.2 million dollars in compensatory damages;

also awarding plaintiff 1.8 million dollars in punitive damages;

plaintiff also request that all defendants are terminated from their jobs without pay;

Awarding plaintiff attorney fees, & granting such other & further relief as this court may deem just, proper and equitable.

DN-155

Form 2812B (4/15)
Page 1

PHOTOCOPY LOCALLY AS NEEDED

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

REQUEST FOR REASONABLE ACCOMMODATIONS FOR INMATES WITH SENSORIAL DISABILITIESInmate's Name Anthony, M DIN 14A2070 Facility Sullivan Date 12-23-19☐ I do not request reasonable accommodations☒ I request reasonable accommodations as indicated below for the following program or service: _____

Check to indicate request

HEARING IMPAIRMENT		VISUAL IMPAIRMENT	
Requested	Approved	Requested	Approved
<input type="checkbox"/> Qualified Sign Lang. Interpreter	<input type="checkbox"/>	<input checked="" type="checkbox"/> Large Print	<input checked="" type="checkbox"/>
<input type="checkbox"/> TTD/TTY	<input type="checkbox"/>	<input type="checkbox"/> Orientation & Mobility Instruct	<input type="checkbox"/>
<input type="checkbox"/> Telephone Amplifier	<input type="checkbox"/>	<input type="checkbox"/> Mobility Assistants/Sighted Guide	<input type="checkbox"/>
<input type="checkbox"/> Closed Caption Television	<input type="checkbox"/>	<input checked="" type="checkbox"/> Guidance Cane	<input type="checkbox"/>
<input type="checkbox"/> Sound Amplification Systems	<input type="checkbox"/>	<input type="checkbox"/> Support Cane	<input type="checkbox"/>
<input type="checkbox"/> Hearing Aids/Batteries	<input type="checkbox"/>	<input type="checkbox"/> Braille Print	<input type="checkbox"/>
<input type="checkbox"/> Notification Systems	<input type="checkbox"/>	<input type="checkbox"/> Braille Equipment	<input type="checkbox"/>
<input type="checkbox"/> Visual Smoke Detector	<input type="checkbox"/>	<input checked="" type="checkbox"/> Magnifiers	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Preferred Seating	<input type="checkbox"/>	<input checked="" type="checkbox"/> Tape Player/Cassettes	<input checked="" type="checkbox"/>
<input type="checkbox"/> Shake Awake Alarm	<input type="checkbox"/>	<input checked="" type="checkbox"/> Lamp	<input checked="" type="checkbox"/>
<input type="checkbox"/> Pocket Talker	<input type="checkbox"/>	<input checked="" type="checkbox"/> Visor/Sunglasses for indoor use	<input checked="" type="checkbox"/>
		<input type="checkbox"/> Other _____	<input type="checkbox"/>

See attached
(Inmate's Signature)[Signature]
(Staff Name/Title)J. Sircable, OEC
(Staff Signature)MEDICAL VERIFICATION (Use established definitions)

- ☒ Severe Visual Impairment (V230) ☐ Legally Blind (B240) ☐ Non Significant Hearing Loss (HL30)
☐ Hard of Hearing (HL20) ☐ Deaf (HL10)
☐ No Medical Verification on File Follow-up Appointment Necessary? ☐ Yes ☐ No

D. Hinton, NA
(Medical Staff - Name/Title)[Signature], NA
(Med. Staff Signature)12/30/19
(Date)

Return this form to the Staff member whose name appears next to the inmate's signature above.

REASONABLE ACCOMMODATION DETERMINATION

The reasonable accommodations requested above have been:

- ☐ Approved as requested
☒ Modified - accommodations which have been approved are marked above
☐ Denied
☐ Pending medical verification

EXPLANATION of modification or denial: Per directive 2612Art. 50-A J. Dewitt
(DSP or designee)[Signature]
(Signature)12/31/19
(Date)

This section is to be completed by the inmate.

- ☒ I agree ☐ I disagree with this determination
☐ I want to meet with the Superintendent or designee during this review.
☐ I want to have an interpreter with me or other assistive device during this meeting.

[Signature]
(Inmate's Signature)1-3-20
(Date)

1/13/11

THE NEW WAVES

— EILEEN F. FAZZONE CHIEF
CLERK
NYS COURT OF CLAIMS
PO BOX 7344
CAPITAL STATION ALBANY NY
12224





Corrections and Community Supervision

KATHY HOCHUL
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

MEMORANDUM

To: Anthony, M. 14A2070 C1-8

From: PMT

Date: 10/27/21

Subject: PMT Decision notice / negative informational / MBR

The Program management team met on 10/27/21 to discuss recent informational reports. Behaviors identified and addressed include:

- Refusing to stand for the count
- Eligible for Phase 1

The PMT has made the following decision:

- PMT 10/29. Stamp and Hygiene commissary buy only
- Re-evaluate 1 week

All decisions are made by the PMT as a team and are not open to negotiation. If you have questions/concerns about the decision you can bring them up to your assigned ORC during rounds. The classroom is a place of learning and development and will remain as such. If you choose to discuss grievances during class time the ORCs have been instructed to immediately remove you from class.

CC. File, Inmate



Corrections and Community Supervision

KATHY HOCHUL
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

MEMORANDUM

To: Anthony, M. 14A2070 C1-8

From: PMT

Date: 11/3/21

Subject: PMT Decision notice / negative informational / MBR

The Program management team met on 11/3/21 to discuss recent informational reports. Behaviors identified and addressed include:

- Eligible for Phase 1

The PMT has made the following decision:

- Approved effective 11/8

All decisions are made by the PMT as a team and are not open to negotiation. If you have questions/concerns about the decision you can bring them up to your assigned ORC during rounds. The classroom is a place of learning and development and will remain as such. If you choose to discuss grievances during class time the ORCs have been instructed to immediately remove you from class.

CC. File, Inmate

PLS Prisoners' Legal Services of New York

41 State Street, Suite M112 • Albany, New York 12207
Tel: (518) 438-8046 • Fax: (518) 438-6643

Executive Director

Karen L. Murtagh

Deputy Director

Betsy Hutchings

Managing Attorney

Sophia Heller

Senior Supervising Attorney

James Bogin

Staff Attorneys

John Amodeo

Mary Cipriano-Walter

Matthew McGowan

November 10, 2021

Mark Passage, Superintendent
Mid-State Correctional Facility
P.O. Box 2500
Marcy, NY 13403-2500

**Re: Maurice Anthony, 14-A-2070
Request for Reasonable Accommodations**

Dear Superintendent Passage:

I am writing on behalf of my client, Maurice Anthony, to request that he be provided with all reasonable accommodations necessary to address his visual impairment.

Mr. Anthony was recently transferred from the Special Housing Unit at Sullivan Correctional Facility to Mid-State Correctional Facility, where he reports being enrolled in the Step Down to General Population Program. He reports that since his transfer more than three weeks ago, he has been denied equipment and services for which he was previously

November 10, 2021

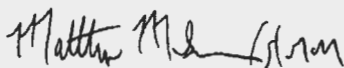
Page | 2

approved at Sullivan C.F., and which are essential for his daily functioning.

Mr. Anthony has a medically-verified severe visual impairment for which the Department has previously approved numerous daily accommodations, including large print materials, a lamp, a tape player and cassettes, a guidance cane, and magnifiers (see attached Form 2612B). Pursuant to Directive No. 2612, he is also entitled to receive two 20/20 low vision pens and bold-lined paper. Finally, because Directive 2612 also entitles all individuals with severe visual impairments to receive large text or enlarged text materials in educational settings, we ask that any written materials required for the Step-Down program be provided to him in adequate format, in addition any other reasonable accommodations that may be necessary for full and meaningful participation in the program.

Thank you for your attention to this time-sensitive matter.

Sincerely yours,



Matthew McGowan
Senior Staff Attorney

Enc: Form 2612B

Release authorization

November 10, 2021

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**OCA Form 960 medical release authorization
(photocopy)**

cc: ADA Coordinator

PLS Prisoners' Legal Services **of New York**

41 State Street, Suite M112 • Albany, New York 12207
Tel: (518) 438-8046 • Fax: (518) 438-6643

Executive Director
Karen L. Murtagh
Deputy Director
Betsy Hutchings

Managing Attorney
Sophia Heller
Senior Supervising Attorney
James Bogin

Staff Attorneys
John Amodeo
Mary Cipriano-Walter
Matthew McGowan

November 10, 2021

PRIVILEGED AND CONFIDENTIAL LEGAL MAIL

Maurice Anthony
14-A-2070
Mid-State Correctional Facility
P.O. Box 2500
Marcy, NY 13403-2500

Dear Mr. Anthony:

I received your recent letter and voicemail concerning your transfer to Mid-State Correctional Facility. While I was glad to learn that you had finally been transferred for enrollment in the Step-Down Program at Mid-State, I was alarmed to hear that you are not being provided any reasonable accommodations.

I have written to both the superintendent and the ADA coordinator at the facility to ask that you receive accommodations immediately, and have provided the documentation that we have on file of your prior approval for accommodations at Sullivan. I would appreciate it if you

Maurice Anthony
November 10, 2021
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could update me as to any further developments regarding your access to accommodations, whether they are granted or continue to be withheld.

If you continue to not receive the accommodations you need, we will determine if there are further steps we can take on your behalf.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Matthew McGowan", with a stylized flourish at the end.

Matthew McGowan
Senior Staff Attorney

Enc: Submission to Superintendent and ADA Coordinator
dated 11-10-21



Corrections and Community Supervision

KATHY HOCHUL
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

MEMORANDUM

To: Anthony, M. 14A2070 C1-8

From: PMT

Date: 11/12/21

Subject: PMT Decision notice / negative informational / MBR

The Program management team met on 11/12/21 to discuss recent informational reports. Behaviors identified and addressed include:

- Refusing to uncover overhead light

The PMT has made the following decision:

- 14 day tablet dep.

All decisions are made by the PMT as a team and are not open to negotiation. If you have questions/concerns about the decision you can bring them up to your assigned ORC during rounds. The classroom is a place of learning and development and will remain as such. If you choose to discuss grievances during class time the ORCs have been instructed to immediately remove you from class.

CC. File, Inmate



Corrections and Community Supervision

KATHY HOCHUL
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

MEMORANDUM

To: Anthony, M. 14A2070 C1-8

From: PMT

Date: 11/17/21

Subject: PMT Decision notice / negative informational / MBR

The Program management team met on 11/17/21 to discuss recent informational reports. Behaviors identified and addressed include:

- Refused to stand for count

The PMT has made the following decision:

- Stamp and hygiene buy

All decisions are made by the PMT as a team and are not open to negotiation. If you have questions/concerns about the decision you can bring them up to your assigned ORC during rounds. The classroom is a place of learning and development and will remain as such. If you choose to discuss grievances during class time the ORCs have been instructed to immediately remove you from class.

CC. File, Inmate



Corrections and Community Supervision

KATHY HOCHUL
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

MEMORANDUM

To: Anthony, M. 14A2070 G1-8

From: PMT

Date: 11/19/21

Subject: PMT Decision notice / negative informational / MBR

The Program management team met on 11/19/21 to discuss recent informational reports. Behaviors identified and addressed include:

- Refused to stand for count, covering cell window with towel, refusing to take it down thus delaying the count.

The PMT has made the following decision:

- Stamp and Hygiene buy only to continue until incarcerated individual begins to stand for the count as required.

All decisions are made by the PMT as a team and are not open to negotiation. If you have questions/concerns about the decision you can bring them up to your assigned ORC during rounds. The classroom is a place of learning and development and will remain as such. If you choose to discuss grievances during class time the ORCs have been instructed to immediately remove you from class.

CC. File, Inmate

I'm Writing in regards to Mr. M. Anthony MA2070 he's currently incarcerated at mid-state Correctional Facility he's been at this facility for a month and a half and do to the fact that he's legally blind and visually impaired he's entitled to certain accommodations per directive 2617) but's not being provided to him and he was provided these ~~items~~ items at his previous facility (Sullivan Correctional Facility) he's stuck in a cell and can't write or file any complaints



Corrections and Community Supervision

KATHY HOCHUL
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

MEMORANDUM

To: Anthony, M. 14A2070 C1-8

From: PMT

Date: 11/24/21

Subject: PMT Decision notice / negative informational / MBR

The Program management team met on 11/24/21 to discuss recent informational reports. Behaviors identified and addressed include:

- Refusing to stand for count
- Covering overhead light and being disrespectful to staff
- Covering cell window and refusing to take it down

The PMT has made the following decision:

- PMT 12/3/21

All decisions are made by the PMT as a team and are not open to negotiation. If you have questions/concerns about the decision you can bring them up to your assigned ORC during rounds. The classroom is a place of learning and development and will remain as such. If you choose to discuss grievances during class time the ORCs have been instructed to immediately remove you from class.

CC. File, Inmate



Corrections and Community Supervision

KATHY HOCHUL
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

RECEIVED

120621

PLSNY - ALBANY

November 30, 2021

Matthew McGowan, Senior Staff Attorney
Prisoners' Legal Service of New York
41 State Street, Suite M112
Albany NY 12207

RE: Maurice Anthony, 14A2070

Dear Attorney McGowan:

I am in receipt of your letter regarding a request for reasonable accommodations for Maurice Anthony 14-A-2070, an incarcerated individual at Mid-State Correctional Facility. Mr. Anthony was recently transferred from the special housing unit at Sullivan Correctional Facility to Mid-State Correctional Facility where he is now enrolled in the Step Down to General Population Program. You have indicated that he has advised you that he has been denied equipment and services for which he was previously approved for at Sullivan Correctional Facility, and which are essential for his daily functioning.

The incarcerated individual has a medically verified visual impairment for which the Department has previously approved numerous daily accommodations. A review of the incarcerated individuals request has been completed, and he has been provided with the essential equipment and services that he needs for his daily functioning. In addition, he has been provided with two 20/20 low vision pens, bold-lined paper, and the written materials required for participation in the Step-Down program in the adequate format.

He was originally scheduled for a Glaucoma clinic on 10/25/21 but refused to go. Our Facility Medical Director saw him on 11/4/21, counselled him and rescheduled the appointment. The results of that visit are pending.

Thank you again for bringing this issue to my attention.

Sincerely,

Don Venettozzi,
First Deputy Superintendent

DV/sh
cc: File



KATHY HOCHUL
Governor

Corrections and Community Supervision

ANTHONY J. ANNUCCI
Acting Commissioner

MEMORANDUM

To: Anthony, M 14a2070

From: PMT

Date: 12/01/21

Subject: PMT Decision notice / negative informational / MBR

The Program management team met on 12/01/21 to discuss recent informational reports. Behaviors identified and addressed include:

- 11/26 refuse to stand for count

The PMT has made the following decision:

- Continue phase 1 privileges, Stamps and Hygiene only commissary

All decisions are made by the PMT as a team and are not open to negotiation. If you have questions/concerns about the decision you can bring them up to your assigned ORC during rounds. The classroom is a place of learning and development and will remain as such. If you choose to discuss grievances during class time the ORCs have been instructed to immediately remove you from class.

CC. File, Inmate



Corrections and Community Supervision

KATHY HOCHUL
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

I incarcerated individual Anthony 14A2070 was issued the following items on
December 6, 2021:

MA 1 WHITE LIGHTED MAGNIFIER 7.5" X 3.5"

MA 1 WHITE DESK LAMP WITH BULB

MA 1 BLACK AND WHITE AUDIO BOOK READER

MA 6 SHEETS OF WIDE RULE LINED PAPER (1 FOR 1 EXCHANGE)

MA 2 BOLD WRITER 20 PENS (1 FOR 1 EXCHANGE)

MA 1 GREEN HAT WITH VISOR

I understand that I am responsible for the care of these items and that I am
expected to ensure that these items are in working order. I also understand
that these items will be inspected periodically by staff.

Incarcerated individual: *[Signature]* **12-6-21**

Issuer: *[Signature]*

NOTICE
(PENAL LAW - 210.45)

IN A WRITTEN INSTRUMENT, ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IN WHICH SUCH PERSON DOES NOT BELIEVE TO BE TRUE
HAS COMMITTED A CRIME UNDER THE LAWS OF THE STATE OF NEW YORK AND IS PUNISHABLE AS A CLASS A MISDEMEANOR.

Page 1 of 1

s H'd + DS

"bh9089"

PLEASE use of **STATE** **DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION** **INMATE MISBEHAVIOR REPORT** **INFORME DE MAL COMPORTAMIENTO DEL RECLUSO**

Midstate Correctional Facility

1. NAME OF INMATE (Last, First) • NOMBRE DEL RECLUSO (Apellido, Nombre)	NO. • NÚM.	HOUSING LOCATION • CELDA
Anthony, Maurice	14A2070	05-C1-8B
2. LOCATION OF INCIDENT • LUGAR DEL INCIDENTE	INCIDENT DATE • FECHA	INCIDENT TIME • HORA
building 125 c1 gallery 8 cell	11-18-2021	approximately 10:05 Pm
3. RULE VIOLATION(S) • VIOLACIONES		
106.10-Direct order 112.21-count violation		
107.10-Interference 112.22-Obstruct visibility		
112.20-Delay count		
4. DESCRIPTION OF INCIDENT • DESCRIPCIÓN DEL INCIDENTE		
On the above date and approximately 10:05 Pm I co J. Lynch was conducting a master count on C1-gallery and I observed I/T Anthony, Maurice 14A2070 C1-8B covering his cell window with a green State towel. I gave I/T Anthony several direct orders to take the towel down as he was interfering with the facility master count. I/T Anthony just kept saying to put the game on and refused to show himself for the 10:00 Pm facility standing master count. I notified my area supervisor and he then had to respond to the area. After several minutes had elapsed I/T Anthony removed the towel from his window before the area supervisor arrived on scene. No further incident occurred.		
REPORT DATE • FECHA		
11-18-2021		
REPORTED BY • NOMBRE DE LA PERSONA QUE HACE EL INFORME		
J. Lynch		
SIGNATURE • FIRMA		
J. Lynch		
TITLE • TÍTULO		
CO		
5. ENDORSEMENTS OF OTHER EMPLOYEE WITNESSES (if any) SIGNATURES:		
ENDOSOS DE OTROS EMPLEADOS TESTIGOS (si hay) FIRMAS: 1. _____		
2. _____ 3. _____		

NOTE: Fold back Page 2 on dotted line before completing below.

DATE AND TIME SERVED UPON INMATE 11/20/21 9am NAME AND TITLE OF SERVER J. Lynch
FECHA HORA DADO AL RECLUSO _____ NOMBRE Y TÍTULO DEL QUE ENTREGA _____

You are hereby advised that no statement made by you in response to the charges or information derived therefrom may be used against you in a criminal proceeding. ♦ Por este medio se le informa que no se puede usar ninguna declaración hecha por usted como respuesta al cargo o la información derivada de ella en una demanda criminal.

NOTICE ♦ AVISO

REVIEWING OFFICER (DETACH BELOW FOR VIOLATION HEARING ONLY)

You are hereby notified that the above report is a formal charge and will be considered and determined at a hearing to be held. ♦ Por este medio se le notifica que el informe anterior es un cargo formal el cual se considerará y determinará en una audiencia a celebrarse.

The inmate shall be permitted to call witnesses provided that so doing does not jeopardize institutional safety or correctional goals. ♦ Se le permitirá al recluso llamar testigos con tal de que al hacerlo no pondrá en peligro la seguridad de la institución o los objetivos del Departamento.

If restricted pending a hearing for this misbehavior report, you may write to the Deputy Superintendent for Security or his/her designee prior to the hearing to make a statement on the need for continued prehearing confinement. ♦ Si está restringido pendiente a una audiencia por este informe de mal comportamiento, puede escribirle al Diputado del Superintendente para Seguridad o su representante antes de la audiencia para que haga una declaración acerca de la necesidad de continuar bajo confinamiento, previo a la audiencia.

Distribution: WHITE - Disciplinary Office CANARY - Inmate (After review) ♦ Distribución: BLANCA - Oficina Disciplinaria AMARILLA - Recluso (después de la sesión)

TO: THE SUPERINTENDENT MR. "PASSAGE"
FROM: ANTHONY M 14A2070
DATE: 12-7-21
REASON: "TIER II APPEAL"
DATE: OF HEARING: 12-6-21
DATE HEARING END: 12-6-21
DATE: HEARING START: 12-6-21
HEARING TOOK PLACE AT THE MID-STATE CORA.
FAC.

1. THE HEARING OFFICER REFUSE TO
PROVIDE ME WITH AUDIO AND VIDEO TO
PROVE MY CASE... I NEEDED THE AUDIO TO
SHOW THAT I WAS NOT YELLING FOR THE
OFFICER TO TURN THE GAME ON I WAS
YELLING C-1-8 CELL NEED TO SPEAK TO
MENTAL HEALTH NOT PUT THE GAME ON —
WITHOUT ME GETTING THE VIDEO AND AUDIO
I COULD NOT PROVE MY INNOCENTS.... THE
HEARING OFFICER DID NOT ATTEMPT TO GET
MY OWN EVIDENCE OR WITNESS FOR ME TO HAVE
A HEARING — WITH THAT RETURN' IATN

THIS HEARING SHOULD BE TERMINATED AND ALL DISPOSITION SANCTIONS SHOULD BE DISMISS.

2. I WAS NOT PREPARED FOR THE HEARING OR COULD NOT PARTICIPATE IN THE COURSE OF THE HEARING IN TOTALITY BECAUSE I HAD NO! ACCOMMODATIONS TO UNDERSTAND IN FULL TOTALITY TO WHAT WAS GOING ON... I COULD NOT READ THE INFRACTION WRITC TO PREPARE A DEFENSE. WITH THAT BEING SAID THIS HEARING SHOULD BE TERMINATED AND ALL DISPOSITION SANCTION SHOULD BE DISMISS. I ASK HEARING OFFICER IS HE AWARE OF MY DISABILITY HE IGNORE ME

3. PER CHAPTER 5 THIS HEARING SHOULD HAVE STARTED WITHIN 14 DAYS AND BEEN OVER AND DONE WITH BY THE 14TH DAY... THERE FOR THE EXJENSION THAT WAS READ INTO THE RECORD IS A FABRICATED DOCUMENT... HEARING OFFICER LED ROUNDS ALL WEEK 2 WEEKS STRIAIGHT ON 101E.. THIS HEARING OFFICER I JUST

ON MANY OCCASIONS TO ASK ABOUT MY
ACCOMMODATIONS HE WAS PRESENT IN THE
BUILDING MANY TIMES, THIS HEARING OFFICER
WAS AVAILABLE TO START THE HEARING... I
ASK HEARING OFFICER TO PROVIDE ME WITH
AUDIO AND VIDEO FOR A WITNESS HE
IGNORED MY REQUEST AND WENT ON TO
FINISH THE HEARING..... THERE FOR THIS
HEARING SHOULD BE DISMISS AND SHOULD BE
TERMINATED... ALL DISPOSITION ~~WITH~~
SANCTIONS SHOULD BE TERMINATED.... THE
HEARING OFFICER ACTED VERY UNPROFESSIONAL
AND I DID NOT HAVE A FAIR HEARING
THERE FOR ALL DISPOSITION SANCTIONS BY
HEARING OFFICER SHOULD BE TERMINATED
AND DISMISS IF NOT I'LL PROCEED TO
ARTICLE 78..... I RECEIVED INFRACTION ON
11-20-21 HEARING STARTED ON 12-6-21 INCIDENT
HAPPEN ON 11-18-21 WAY PAST DEADLINE PER
CHAPTER 5

4. AT THE HEARING I ASK THE HEARING
OFFICER TO PROVIDE ME WITH AUDIO.

AND VIDEO TO SHOW AND PROVE THAT I WAS ALREADY SANCTION FOR THIS ISSUE... MY PROPERTY WAS TAKEN FOR 6 DAYS... MY PROPERTY WAS TAKEN FROM MY CELL ON 11.21.21 UNTIL 11.29.30.... I ASK FOR THE AUDIO AND VIDEO TO SHOW THAT ACTION WAS ALREADY TAKEN AGAINST ME BY THE HEARING OFFICER HIMSELF YET HE HIMSELF IS GIVEN ^{ME} MORE SANCTION FOR THE SAME CHARGES... ALL CHARGES AND DISPOSITIONS SANCTION SHOULD ALL BE TERMINATED AND DISMISS.



Corrections and Community Supervision

KATHY HOCHUL
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

MEMORANDUM

To: Anthony, M. 14A2070 C1-8

From: PMT

Date: 12/8/21

Subject: PMT Decision notice / negative informational / MBR

The Program management team met on 12/8/21 to discuss recent informational reports. Behaviors identified and addressed include:

- Phase 2 eligibility.

The PMT has made the following decision:

- Denied until I/I stands for count. Re-evaluate in one week if no negatives are received.

All decisions are made by the PMT as a team and are not open to negotiation. If you have questions/concerns about the decision you can bring them up to your assigned ORC during rounds. The classroom is a place of learning and development and will remain as such. If you choose to discuss grievances during class time the ORCs have been instructed to immediately remove you from class.

CC. File, Inmate

1. THE GRIEVANCE OFFICE / MY GRIEVANCE

FROM: ANTHONY M MAZOTC

LOOKED: J-BLOCK... C-1-8 CELL....

DATE: 12-9-21.....

22-CT
not receiving
accommodations

I AM GRIEVIN' THE FACT THAT UPON MY ARRIVAL TO THE MID-STATE CORR. FAC. I'VE INFORM SECURITY THAT I NEED MY ACCOMMODATIONS TO FUNCTION IN MY CELL... I'VE EVEN WENT TO THE P.M.T. CALLOUT TO EXPLAIN TO THE STAFF THAT I NEED ALL MY ACCOMMODATIONS IN MY CELL... I'VE ALSO EXPLAIN TO THEM THAT I NEED MY TALKIN' WATCH IN ORDER FOR ME TO PREP MYSELF TO STAND CELL COUNT BOTH DEPUTY'S SECURITY "B" AND "K" WHO'S HEAD OF THE TREATMENT TEAM CLAIMED THAT THEY ARE NOT GIVING ME MY TALKIN' WATCH... I EXPLAIN TO THEM THAT UNDER DIRECTIVE 2612 AND 2612B, 2614 THAT I AM ALLOW TO HAVE MY TALKIN' WATCH... THEY TOTALLY IGNORED ME AND PROMISE ME THAT I WILL

NEVER GET MY WATCH... WITH THAT
BEIN' SAID ALL STAFF IGNORE ME AND
MY DISABILITY... # 2 SECOND CLAIM
THE FACILITY AND ALL STAFF REFUSE TO
GIVE ME MY ACCOMMODATIONS I DID
NOT HAVE ANY OF MY ACCOMMODATION
IN MY CELL FOR 60 DAYS I'VE BEEN
STRUGGLING AS A RESULT FOR NOT HAVIN'
MY ACCOMMODATIONS... MY ACCOMMODATIONS
WAS JUST SITIN' IN MY BIN FOR 60
DAYS... WITH A RESULT FOR NOT HAVIN'
MY ACCOMMODATIONS ALL STAFF TREAT-
MENT TEAM BEEN WRITIN' ME NEGATIVE
INFRACTIONS WHICH THEY ALL INTERF
WITH MY GROWTH AND DEVELOPEMENT IN
THE PROGRAM. # 3 MY THIRD CLAIM I
NEED MY UC TV TO DO MY LEGAL WORK
AND THEY REFUSE TO GIVE IT TO ME....
I NEED ALL MY ACCOMMODATIONS SO I CAN
FUNCTION IN MY CELL IF NOT ALL STAFF
SHOULD BE REPORT TO THE A.D.A

NO. 2812, Inmates With Sensorial Disabilities

DATE 1/16/2007 PAGE 10 of 12

Attachment B

PHOTOCOPY LOCALLY AS NEEDED

REQUEST FOR REASONABLE ACCOMMODATIONS

Date 1-22-20

Inmate's Name Anthony, M Din # 14A0070 Facility Sullivan☐ I do not request reasonable accommodations.☒ I request reasonable accommodations as indicated below for the following program or service:

Check to indicate request

HEARING IMPAIRMENT	
Requested	Approved
<input type="checkbox"/> Qualified Sign Lang. Interpreter	<input type="checkbox"/>
<input type="checkbox"/> TTD/TTY	<input type="checkbox"/>
<input type="checkbox"/> Telephone Amplifier	<input type="checkbox"/>
<input type="checkbox"/> Closed Caption Television	<input type="checkbox"/>
<input type="checkbox"/> Sound Amplification Systems	<input type="checkbox"/>
<input type="checkbox"/> Hearing Aids/Batteries	<input type="checkbox"/>
<input type="checkbox"/> Notification Systems	<input type="checkbox"/>
<input type="checkbox"/> Visual Smoke Detector	<input type="checkbox"/>
<input type="checkbox"/> Preferred Seating	<input type="checkbox"/>
<input type="checkbox"/> Shake Awake Alarm	<input type="checkbox"/>
<input type="checkbox"/> Pocket Talker	<input type="checkbox"/>

VISUAL IMPAIRMENT	
Requested	Approved
<input type="checkbox"/> Large Print	<input type="checkbox"/>
<input checked="" type="checkbox"/> Orientation & Mobility Instruct.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Mobility Assistants/Sighted Guide	<input checked="" type="checkbox"/>
<input type="checkbox"/> Guidance Cane	<input type="checkbox"/>
<input type="checkbox"/> Support Cane	<input type="checkbox"/>
<input type="checkbox"/> Braille Print	<input type="checkbox"/>
<input type="checkbox"/> Braille Equipment	<input type="checkbox"/>
<input type="checkbox"/> Magnifiers	<input type="checkbox"/>
<input type="checkbox"/> Tape Player/Cassettes	<input type="checkbox"/>
<input type="checkbox"/> Lamp	<input type="checkbox"/>
<input type="checkbox"/> Visor/Sunglasses for indoor use	<input type="checkbox"/>
<input checked="" type="checkbox"/> Other <u>Sun eye protection</u>	<input checked="" type="checkbox"/>

as needed

(Inmate's Signature)

(Staff Name/Title)

(Staff Signature)

MEDICAL VERIFICATION (Use established definitions)
☒ Severe Visual Impairment (V230) ☐ Blind (B240) ☐ Non Significant Hearing Loss (HL30)
☐ Hard of Hearing (HL20) ☐ Deaf (HL10)
☒ No Medical Verification on File Follow-up Appointment Necessary? ☐ Yes ☒ NoD. Hinton, NA
(Medical Staff - Name/Title)[Signature]
(Med. Staff Signature)1/28/2020
(Date)

Return this form to the Staff member whose name appears next to the inmate's signature above.

REASONABLE ACCOMMODATION DETERMINATIONThe reasonable accommodations requested above have been:
☒ approved as requested
☒ modified - accommodations which have been approved are marked above ☒☐ denied☐ pending medical verification

EXPLANATION of modification or denial:

E. Simmons, SDC

(DSP or designee)

[Signature]

(Signature)

2/28/20

(Date)

This section is to be completed by the inmate.

☒ I agree ☐ I disagree with this determination☐ I want to meet with the Superintendent or his/her designee during this review.☐ I want to have an interpreter with me or other assistive device during this meeting.[Signature]

(Inmate's Signature)

1-31-20

(Date)

Distribution:

Original

Medical, OMH, Parole, ADA Coordinator (Central Office)

while hearing the lay-out of the facility, a mobility guide can assist upon request

DATE: 10/01/2020

PAGE 15 of 15

GRIEVANCE PROCEDURE: Any inmate who believes that he or she has been discriminated against because of a disability, or who disagrees with a decision on his or her request for a reasonable accommodation, can submit complaints pursuant to Directive #4040. The facility shall send all decisions rendered by the Superintendent or designee on reasonable accommodation grievances to the ADA Coordinator, and the Office of Diversity and Inclusion in Central Office. The ADA Coordinator shall have the authority to initiate a review of any denied request for accommodations or any denied grievance.

TRANSFERS OF INMATES WITH SENSORIAL DISABILITIES

- A. Not all facilities can accommodate inmates with sensorial disabilities. Transfer requests (both scheduled and unscheduled) for inmates who are deaf (HL10), hard of hearing (HL20), legally blind (B240), or severely visually impaired (V230) must indicate the inmate's disability on the transfer request. It is the responsibility of the person submitting the transfer request (usually the ORC) to indicate the inmate's sensorial disability.
- B. DOCCS shall use best efforts to transfer inmates who are LB/SVI directly from one facility to the receiving facility. These inmates shall not be held overnight at an in-transit facility during transfer unless necessary. Any stay at an in-transit facility should not be longer than two days and the receiving facility shall make best efforts not to place an inmate who is LB/SVI in a cell with another inmate at the in-transit facility. If a transfer of an inmate with a sensorial disability involves an overnight stay at an interim facility, it is the responsibility of the sending facility's Inmate Record Coordinator (IRC) to alert the interim facility of the needs of the inmate. Facilities should avoid transfers of inmates with sensorial disabilities immediately prior to weekends or holidays, in order to avoid weekend or holiday stays in interim facilities.
- C. SHU to SHU transfers of inmates who are deaf (HL10), hard of hearing (HL20), legally blind (B240), and/or severely visually impaired (V230) must be to another designated facility.
- D. Personal items provided to an inmate with a sensorial disability as reasonable accommodations, such as a Shake-Awake alarm, phone amplifier, or talking watch, will be sent with the inmate upon transfer to another facility which is designated for the sensorially disabled. This equipment should be transferred via the IRC Office under separate cover. The sensorial staff at the receiving facility will be responsible for the reissue of the equipment as appropriate.

Other items of reasonable accommodation, such as talking calculators, pocket talkers, etc., are loaned to the inmate and should be kept at the loaning facility.

PLS

Prisoners' Legal Services of New York

41 State Street, Suite M112 • Albany, New York 12207
Tel: (518) 438-8046 • Fax: (518) 438-6643

Executive Director
Karen L. Murtagh
Deputy Director
Betsy Hutchings

Managing Attorney
Sophia Heller
Senior Supervising Attorney
James Bogin

Staff Attorneys
John Amodeo
Mary Cipriano-Walter
Matthew McGowan

December 17, 2021

PRIVILEGED AND CONFIDENTIAL LEGAL MAIL

Maurice Anthony
14-A-2070
Mid-State Correctional Facility
P.O. Box 2500
Marcy, NY 13403-2500

Dear Mr. Anthony:

I received your message letting me know that you still had not received the reasonable accommodations you need for your daily life that were previously approved at Sullivan C.F. I then also received a letter from First Deputy Superintendent Don Venettozzi in response to my advocacy seeking the restoration of your accommodations at Mid-State. Mr. Venettozzi let me know that your prior accommodations have been approved and provided, including two 20/20 pens, bold-lined paper, and large-print versions of the written materials you need for the Step-Down Program.

I'm writing to confirm if Mr. Venettozzi's letter is accurate. If you would please let me know whether you have received the

Maurice Anthony
December 17, 2021
Page | 2

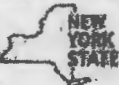
reasonable accommodations that you need, I would appreciate it.
I will wait to hear back from you.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Matthew McGowan", written in a cursive style.

Matthew McGowan
Senior Staff Attorney

Enc: Correspondence from Don Venettozzi dated 11/30/21

 Corrections and Community Supervision INCARCERATED GRIEVANCE PROGRAM IGRC HEARING RESPONSE	GRIEVANCE NO. MS-0349-21	HEARING DATE 12/23/21
	GRIEVANT NAME Anthony, M.	DIN 14A2070
	FACILITY Mid-State	HOUSING UNIT C1-8B
	HELD IN ABSENTIA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, why: In SDP	

Response of IGRC:

ACCEPTED: several accommodations were approved, other issues are security related and needs to be addressed as such.

Chairperson: _____

IGRC Members: _____

Date Returned to Grievant: 12/23/21Appeal:

If you wish to appeal, please check the appropriate box below and return within 7 calendar days to the IGRC office at the facility where the grievance was filed.*

☐ I disagree with the IGRC response and wish to appeal to the Superintendent.

☐ I have reviewed the Deadlocked response. Refer to Superintendent.

☐ I agree with the IGRC response and wish to appeal to the Superintendent.

☐ I want to apply to the IGP Supervisor for review of the IGRC dismissal.

Grievant Signature: _____

Date: _____


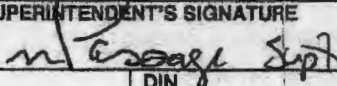
*An exception to the time limit may be requested under Directive #4040, § 701.6 (g).

To be completed by Grievance Clerk

Grievance Clerk Signature: _____

Date Received: _____

Date Forwarded to Superintendent For Action: _____

 Corrections and Community Supervision INCARCERATED GRIEVANCE PROGRAM SUPERINTENDENT RESPONSE	GRIEVANCE NO. MS-0349-21	DATE FILED 12/22/21
	FACILITY MSCF	POLICY DESIGNATION I
	TITLE OF GRIEVANCE NOT RECEIVING ACCOMMODATIONS	CLASS CODE 22
	SUPERINTENDENT'S SIGNATURE 	DATE 1/10/22
GRIEVANT ANTHONY, M.	DIN 14A2070	HOUSING UNIT SDP

In this investigation, the grievant alleges that the grievant notified staff that the grievant required specific accommodations to properly function in the grievant's cell. The grievant also alleges the grievant requires a talking watch for count notifications; however, the grievant was told the grievant would not be receiving this request and this is a violation of Directive #2612. The grievant further alleges the grievant is continually receiving negative informationals and the grievant was also denied the grievant's UC TV.

Medical reports that the grievant has received several accommodations; however, other requests need to be addressed through security.

Health Services Policy Manual Item #1.43 -Specialty Care Referrals, the Facility Health Services Directors (FHSD) have the sole responsibility for providing treatment to the inmates under their care.

The grievant is advised to address any further similar medical concerns with medical staff via sick-call procedures.

Based on this investigation, this grievance is accepted to the extent that the grievant's RA request was modified; however, the grievant refused to sign for those specific accommodations.

APPEAL STATEMENT

If you wish to refer the above decision of the Superintendent, please sign below and return this copy to the IGRC at the facility where the grievance was filed. You have seven (7) calendar days from receipt of this notice to file your appeal.* Please provide a reason why you are appealing this decision to CORC.

GRIEVANT'S SIGNATURE

DATE

GRIEVANCE CLERK'S SIGNATURE

DATE

*An exception to the time limit may be requested under Directive #4040, section 701.6 (g)



**Corrections and
Community Supervision**

ANDREW M. CUOMO
Governor


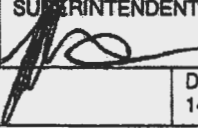
ANTHONY J. ANNUCCI
Acting Commissioner

MEMORANDUM

From: Shelley Mallozzi, Director, Inmate Grievance Program
SUBJ: Receipt of Appeal

M ANTHONY 14A2070 5/14/2019
Mid-State Correctional Facility
Your grievance MS-23315-18 entitled
Grievances Not Answered
was rec'd by CORC on 3/21/2018

EXHIBIT J

 Corrections and Community Supervision INMATE GRIEVANCE PROGRAM SUPERINTENDENT	GRIEVANCE NO. MS-23310-18	DATE FILED 2/12/18
	FACILITY MSCF	POLICY DESIGNATION 1
	TITLE OF GRIEVANCE EYE INJURY/CONCERNS	CLASS CODE 22
	SUPERINTENDENT'S SIGNATURE 	DATE 2/21/18
GRIEVANT ANTHONY, M.	DIN 14A2070	HOUSING UNIT SDP

In this investigation, the grievant alleges he is having vision problems and the eyeglasses he received are not helping with his problem. The grievant also alleges he has a sensorial disability.

The grievant's request for Reasonable Accommodations for Inmates with Sensorial Disabilities was denied on 7/14/17 and the grievant was made aware of this decision on 7/17/17. It was denied again upon review by the Superintendent on 7/24/17 and the grievant was made aware of this decision on 8/9/17. The grievant's other Reasonable Accommodation Request for his vision issue was modified on 8/9/17 (eyeglasses were ordered); however, further accommodations are not supported.

It is noted that issue was previously addressed in MS-23097-17, code 22, filed 8/14/17, "RA for Sensorial Disability Denied". This was heard by the IGRC on 8/17/17 with no appeal to the Superintendent.

Health Services Policy Manual Item #1.43 –Specialty Care Referrals, the Facility Health Services Directors (FHSD) have the sole responsibility for providing treatment to the inmates under their care.

The grievant is advised to address any further similar medical concerns with medical staff via sick-call procedures.

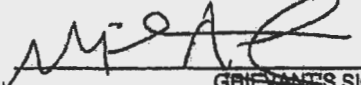
Based on this investigation, this grievance is denied.

I'll like to appeal to Albany

APPEAL STATEMENT

If you wish to refer the above decision of the Superintendent please sign below and return this copy to your Inmate Grievance Clerk. You have seven (7) calendar days from receipt of this notice to file your appeal.* Please state why you are appealing this decision to C.O.R.C.

the grievance clerk and facility
stuff is manipulating the system
we'll never win


 GRIEVANT'S SIGNATURE

NYS DEPT OF
CORRECTIONS AND
COMMUNITY SUPERVISION

3-8-18
 DATE

 GRIEVANCE CLERK'S SIGNATURE

MAR 21 2018

 DATE

*An exception to the time limit may be requested under Directive #4040, section 701.6 (g)
 Form 2133 (02/15)

RECEIVED
INMATE GRIEVANCE



EXHIBIT



**Corrections and
Community Supervision**

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

MEMORANDUM

From: Shelley Mallozzi, Director, Inmate Grievance Program
SUBJ: Receipt of Appeal

M ANTHONY 14A2070 5/14/2019
Mid-State Correctional Facility
Your grievance MS-23310-18 entitled
Eye Injury/Concerns Not Addressed
was rec'd by CORC on 3/21/2018

~~DATES OF RETAINMENT~~

11-12-21 LYIN' CLAIMIN' MY LIGHT IS COVERED
11-16-21-ASK COUNSELOR WILLIAMSON TO FILE GRIEVANCE FOR ME
12-3-21- DEPUTY MS. KESOR CLAIM SHE'S ONLY GIVEN ME
A FEW ITEMS — (NOT GIVEN ME ALL ITEMS) —

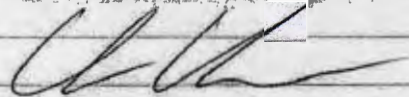
I, Sincere Smith, Dia # 18A4013 who has been on the gallery with Mr. Anthony 14A2070 for several months and has heard Mr. Anthony beg for his accommodations from several classes employees here at mid-state correctional facility. He has been constantly ignored, & even told no by ORE Funk while I listened at my cell door.

I in fact have been punished by several of the defendants he intends to file suit against for no perological reason and in violation of my constitutional rights & even lied on by several employees at this facility who works in the step down program, the list of constant violations goes on and on.

I declare under penalty of perjury that the foregoing is true and correct as to my belief and knowledge of the matters alleged herein.

Date 1/26/22

Sincere Smith

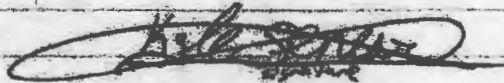


I, Kyle Sauer, being duly sworn, say that:

The staff at MID-STATE C.F. have been denying Incarcerated Individual M. Anthony 17A2070 many things, he cannot get his markers exchanged to be able to write sick call, grievances, letters. He has no accommodations. I haven't seen any staff come to his cell with anything, in plain they are torturing him by denying what he's entitled to. I have wrote letters for him to help to be avail.

I declare under penalty of perjury that the foregoing is true and correct as to my belief and knowledge.

and 1/30/31



Case 9:22-cv-00113-GLS-ATB Document 1-3 Filed 02/07/22 Page 1 of 1

MAURECE ANTHONY 14A2070

PO BOX 2500

MARCY, NY 13403



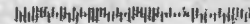
LEGAL
MAIL

US CLERK DISTRICT
COURT

PO BOX 7367

100 SOUTH CLINTON ST.

SYRACUSE NY 13261



Verification

I have read the foregoing complaint and hereby verify that the matters herein are true, except to matters alleged on information and belief, and as to those, I believe them to be true. I certify under penalty of perjury that the foregoing is true and correct.

Executed at Marcy, New York on July 18, 22

~~MAURICE ANTHONY~~ *Murphy*

signature

MAURICE ANTHONY ...

print